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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 8/9/2006  
 2. House Identification Number 31343 Senate Identification Number 41534-0

## REGISTRANT

3. Registrant name Wilmer Cutler Pickering Hale and Dorr  
 Address 1875 Pennsylvania Avenue, NW  
 City Washington State DC Zip 20006 USA  
 4. Principal place of business (if different than line 3)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 5. Telephone number and contact name  
202-663-6880 Contact Mr. Jay P Urwitz E-mail jay.urwitz@wilmerhale.com  
 6. General description of registrant's business or activities  
law firm

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.*  Self

7. Client name Guardian Solutions, Inc.  
 Address 6311 Atrium Drive  
 City Bradenton State FL Zip 34202 USA  
 8. Principal place of business (if different than line 7)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 9. General description of client's business or activities  
Information technology

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Jay P Urwitz	

0000181964



Registrant Name Wilmer Cutler Pickering Hale and Dorr

Client Name Guardian Solutions, Inc.

### LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

DEF

12. Specific lobbying issues (current and anticipated)

Defense Issues.

### AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

### FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activit the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owne percer in cli

0000181965

Digitally signed by Deborah A Charnet  
 DN: CN = Deborah A Charnet, C = US, O = DST Aces  
 Unaffiliated Individual  
 Date: 2006.08.09 14:46:25 -0400

Signature Deborah A Charnet Senate Password  Date 8/9/2006

Printed Name and Title Deborah Charnet, Practice Manager



Registrant Name Wilmer Cutler Pickering Hale and Dorr

Client Name Guardian Solutions, Inc.

**ADDITIONAL LOBBYISTS**

*Return to page 2 to finish the*

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name	Covered Official Position (if applicable)

**ADDITIONAL LOBBYING ISSUES**

*Return to page 2 to finish the*

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

**AFFILIATED ORGANIZATIONS**

*Return to page 2 to finish the*

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 1

Name	Address	Principal place of Business (city and state or country)

**ADDITIONAL FOREIGN ENTITIES**

*Return to page 2 to finish the*

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage

*Add an additional supplementary information p*

Signature \_\_\_\_\_ Date 8/9/2006

Printed Name and Title Deborah Charnet, Practice Manager

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